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(((H14000130809 3)))



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Foreign Limited Liability Company Jetport Ventures, LLC

Certificate of Status	0
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JUN - 6 2014

T. BROWN 6/4/2014 JUN-04-2014 17:50

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 605.0902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
Jetport Ventures, LLC	
(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C" or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the woonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.")	rineu *
California 46-4417873	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
Upon Filing.	
(Date first transacted business in Florida; if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	70
2480 Jetport Dr, Orlando, Florida 32809	
	7 6
(Street Address of Principal Office)	主
2480 Jetport Dr., Orlando, Florida 32809	3.0
(Mailing Address)	
7. The many distance are all obtains about a second of the	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Member: Aaron Swerdlow, 955-15th Street, Hermosa Beach, California 90254	
vicinos. Alban averator, 200 10th blood fromtosa badan, Camarina 20204	
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	
n the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a mustation of the certificate under centro of the translator must be submitted.)	
- Cheen freech tow	
Signature of an authorized person	
(In accordance with section 605.0203. F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.817.155. F.S.) Aaron Swerdlow	
Typed or printed name of signee	

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

I. The name	of the Limited Liability Com	pany is:	
Jetport Venture	s, LLC		
If unavailable	, the alternate to be used in th	ne state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	
	Business Filings Incorporated		
	(Name)		
	515 E. Park Avenue		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tailahassee	32301 FL	
		City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Null (Signature)

Mark Williams, A.V.P., Business Filings Incorporated

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
S 5.00 Certificate of Status (optional)

Fax Audit: H140001308093

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: JETPORT VENTURES, LLC

FILE NUMBER: FORMATION DATE:

201400310111

TYPE:

01/02/2014

JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 30, 2014.

DEBRA BOWEN Secretary of State

MMS